

# COLORADO FEEDLOT RECEIVING FORM

## *Cattle Imported from Canada*

Premises ID No.

Feedlot Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Feedlot Owner/Manager \_\_\_\_\_

Phone: Office (\_\_\_\_) \_\_\_\_\_

Mobile (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_

Accredited Veterinarian \_\_\_\_\_

License No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Office (\_\_\_\_) \_\_\_\_\_

Mobile (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_

### INSTRUCTIONS FOR COMPLETING THIS PROCESS

1. **Complete all information on the right side of this form when cattle are received**
2. **Attach Canadian Health Certificate to this form**  
(keep on file in the Feedlot)
3. **Fax a copy of this completed form to the Colorado State Veterinarian's Office (303) 239-4164 within 24 hours of receiving cattle**
4. **Provide a Copy of this completed form to the Accredited Veterinarian listed above within 24 hours of receiving cattle**
5. **Complete VS Form 17-30-- #13 thru #18 and return to POE in 14 days from receiving cattle (Address is provided on the form)**

**\*DO NOT FILL IN THIS SECTION UNTIL CATTLE ARRIVE\*\***

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_ : \_\_\_\_ am or pm  
(circle one)

Trucking Company \_\_\_\_\_

U.S.DOT Number from Truck/Tractor \_\_\_\_\_

Canadian Health Certificate No. \_\_\_\_\_

VS Form 17-30 No. \_\_\_\_\_

Number of Cattle according to VS Form 17-30 \_\_\_\_\_

### CATTLE INFORMATION

Number of Cattle Unloaded \_\_\_\_\_

Number Dead on Arrival \_\_\_\_\_

Total Number of Cattle Received \_\_\_\_\_